

PAST PERFORMANCE QUESTIONNAIRE

PART 1. Contractor provided information.

Offeror Name: _____
Contract Number: _____
Contracting Officer and phone number: _____
Contract Period of Performance _____
Dollar value (identify by base and options) _____
General description of requirement _____

PART 2a. With regard to the above referenced contract, please select one answer, which best describes the Contractor's ability to deliver QUALITY PRODUCTS AND SERVICES. Please rate each using the following scale:

1 Not meeting 2 Meeting 3 Exceeding 4 Far exceeding N/A - Not Applicable

DESCRIPTION OF SUPPORT PROVIDED

	1	2	3	4	N/A
a. Technical excellence and appropriateness of delivered services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Innovative approaches and solutions to accomplish assigned task/service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrated ability to overcome program, technical or schedule conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contractor's responsiveness to technical direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Record of meeting interim milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Current and accurate reporting of schedule progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ability to identify, analyze, and establish course of successful corrective action in the case of negative schedule variances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ability to complete work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ability to deliver accurate reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2b. Using the same rating scale, please select one answer, which best describes the Contractor's ability to utilize appropriate BUSINESS PRACTICES.

	1	2	3	4	N/A
j. Did the contractor show effective management					
k. Show reasonable and cooperative behavior to the Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Was the contractor flexible to suggested solutions and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Current, accurate, and complete invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Appropriate cost reporting & estimating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Relationship of negotiated cost to actual costs incurred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Effective cost containment initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Effective cost sharing initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2c. Using the same rating scale, please select one answer, which best describes the Contractor's ability to achieve APPROPRIATE CUSTOMER SATISFACTION.

	1	2	3	4	N/A
r. Responsiveness to customer needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Promptness of contractor notification as to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Effectiveness of contractor recommended solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Compliance with contract terms & conditions & Technical Order requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Effectiveness of contractor managed contract/task efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Contractor's willingness to negotiate contractual modifications resulting from changes in contractual requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Accuracy and timeliness of administrative reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. If the contractor used subcontractors, how well did the contractor exercise management control over the subcontractor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

z. Have there been any terminations of tasks due to inability to meet technical requirements, delivery schedule or cost schedules? If yes, please describe. Any major de-scoping efforts (50% work reductions)?

☐ No ☐ Yes

aa. Did you experience any unique, controversial, or negative experiences with the contractor? If yes, please describe.

☐ No ☐ Yes

bb. What are the contractor's weak points?

cc. What are the contractor's strong points?

Given the choice/authority, I would hire this contractor again.

☐ No ☐ Yes

I would recommend this contractor for other contracts.

☐ No ☐ Yes

PART 2d. Similarity of work in scope (complexity and magnitude) and size.

What type of support did this Contractor provide? (Please check all those areas that apply to your contract and indicate what portion of the contract it represents.)

<input type="checkbox"/> a. Communications	%	<input type="checkbox"/> h. Facilitation	%
<input type="checkbox"/> b. Intelligence systems	%	<input type="checkbox"/> i. Technical system support	%
<input type="checkbox"/> c. Financial management	%	<input type="checkbox"/> j. Program analysis & design	%
<input type="checkbox"/> d. Telecommunications/IT systems	%	<input type="checkbox"/> k. Mission analysis	%
<input type="checkbox"/> e. Logistics planning/support	%	<input type="checkbox"/> l. Acquisition planning/execution/admin	%
<input type="checkbox"/> f. Cost/price analysis	%	<input type="checkbox"/> m. Conference/workshop/admin	%
<input type="checkbox"/> g. Other	%	Specify _____	

PART 2e. Respondent Information:

Contracting Officer's Name and Telephone Number _____

Technical Officer's Name and Telephone Number _____

Signature of Evaluator _____

Address _____

Position/Title/Grade _____

Phone Number _____

Length of involvement with Contractor (in years) _____

PART 2f. Return to the following address.

Federal Aviation Administration
ATTN: Linwood Gillette, AJA-47
Contracting Officer
800 Independence Ave SW
Orville Building (10A), Room 335W
Washington, DC 20591
Phone: 202-493-4753

FAX telephone (202) 267-5111 (If faxed verify receipt)